Eating Disorder Support Network/MadCity Psychology

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Madison, WI 53719-1053
(608) 824-7243

Notice of Privacy Practices

Effective February 17, 2026.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Practice Identity Disclosure:

This notice is provided by MadCity Psychology, a DBA of Eating Disorder Support Network, LLC. All privacy practices, data protections, and HIPAA compliance are managed by the legal entity Eating Disorder Support Network, LLC, under which this clinic operates.

I. OUR PLEDGE REGARDING PHI:

Federal law provides special protections for certain health information, including reproductive health information and substance use disorder treatment records. This Notice describes those protections and explains when your written authorization is required.

We understand that health information about you and your health care is personal, of which we are committed to protecting. We create and maintain records of the care and services you receive in order to provide quality treatment and comply with legal requirements. We need to use this record to provide you with quality care and comply with certain legal requirements. This document will provide you with insight as to how we use and disclose your PHI. In addition, this document will describe the obligations we have regarding the use and disclosure of your health information. We may have the need to change our Privacy Practices in the future, though, you will be promptly notified of any changes in our practices. By law, we are required to:

- Keep PHI that identifies you, confidential and secured.
- Give you this notice of our legal duties and privacy practices with respect to your health information.
-Follow the terms of the Privacy Notice that is currently in effect.
-Notify you following a breach of unsecured PHI as required by law. If a breach of your unsecured PHI occurs, we will notify you as required by federal law. This includes breaches involving substance use disorder records, when applicable.
- Change the terms of this Privacy Notice, and such changes will apply to all associated PHI in regard to you.

Any new Privacy Notices will be accessible to you either upon receipt of your written request, or, by our action. In accordance to applicable law, we are permitted to disclose PHI without your authorization, in particularly limited situations or circumstances. Such situations or circumstances may include the following: mandated reporting required by state and/or federal law, required lawful court order, observance via the need to prevent or limit circumstances involving imminent threat(s) regarding the health and safety of yourself and others, coordination of client treatment via The Wisconsin Department of Health Services (DHS) or other authorized public health authorities.

II. HOW WE MAY USE AND DISCLOSE YOUR PHI:

The following categories describe the different ways in which we use and disclose Protected Health Information. For each category of uses or disclosures, we will explain its meaning, and if applicable, provide you with examples. Note: every method of use or disclosure may not be listed per category. However, each method we are permitted to use and disclose health information will fall within one or more of the following categories.

(A). Treatment:

Your PHI may be disclosed to staff involved in your care at MadCity Psychology.

Examples of staff include: psychotherapists, administrative staff (intake coordinator or administrative assistant(s), etc.), billing staff, and any other staff involved in the coordination and management of your care.

For example: MadCity Psychology case consultations. NOTE: Case consultations are observed solely by licensed health care providers, and/or case consultation facilitators. *Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to full and complete records, which is otherwise confidential, in order to provide quality care. The word "Treatment" includes, among other things, the coordination and management of health care providers, including a third party, consultations between health care providers and referrals of clients for health care from one health care provider to another.*

(B). Payment and Health Care Operations:

Federal Privacy rules and regulations allow health care providers who have a direct treatment relationship with a client to use or disclose the client's PHI for payment or health care operations. We may use and disclose your PHI for payment purposes without your written authorization, as permitted by HIPAA.

We may disclose PHI to our business associates (such as billing services, electronic health record providers, or consultants) who perform services on our behalf and are required by law to protect your information.

Except for disclosures for treatment purposes or as otherwise permitted by law, we limit PHI to the minimum necessary to accomplish the intended purpose of the use or disclosure.

For example: Purposes relating to your insurance claims processing/benefits etc., case audits observed on a state level or otherwise, electronic documenting portals/modalities, who are required by contract and law to safeguard your PHI.

(C). Legal Obligations/Disputes/Lawsuits

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. AUTHORIZATION OF USES AND DISCLOSURES:

1.) Psychotherapy Notes: Defined under 45 CFR § 164.501, are recorded by a mental health professional documenting or analyzing the contents of conversation during a private therapy session and kept separate from the rest of the medical record.

Any use or disclosure of such notes requires your authorization unless the use or disclosure is:
A.) For my use in your treatment.
B.) For my use in training or supervising mental health practitioners to help improve treatment modalities and methods utilized among group, joint, family, and/or individual therapy.
C.) For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
D.) Required by law - of which use and disclosure is limited to the requirements of such law.
E.) Required by law for health oversight.
F.) Required by a licensed coroner permitted in performing duties authorized by law.
G.) Required to help avert a serious threat to the health and safety of yourself and/or others.

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2.) Marketing purposes: As a psychotherapist and behavioral health clinic, MadCity Psychology will not use or disclose your PHI for marketing purposes.

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3.) Sale of PHI: As a psychotherapist and behavioral health clinic, MadCity Psychology will not use or disclose your PHI for sale purposes.

IV. USES/DISCLOSURES NOT REQUIRING AUTHORIZATION:

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization under the following:

1.) When use and/or disclosure is required and/or requested by state or federal law, and the use and/or disclosure complies with and is limited to the relevant requirements of such law.

2.) For public health obligations (for example: mandated reporting), including reporting suspected child, elder or dependent adult abuse/neglect, and preventing or reducing a serious threat to the health and safety of yourself, others, and the community.

3.) For health oversight obligations, including state/federal audits and investigations.

4.) For judicial and administrative proceedings, including responding to a court or administrative order.

5.) For law enforcement purposes, including reporting crimes occurring on the premises of any MadCity Psychology. We may disclose PHI in response to a court order, subpoena, warrant, summons, or other lawful process, as permitted by HIPAA. However, we will not disclose PHI for purposes prohibited under federal law, including certain investigations related to lawful reproductive health care. When required by law, we may request additional documentation, including written attestations, before responding to certain requests.

6.) To coroners or medical examiners, if/when such entities are permitted to perform duties authorized by law.

7.) Specialized government functions as permitted by federal law.

8.) For workers compensation purposes. We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws.

9.) Appointment reminders and health related benefits or services. We may use and disclose your PHI for contact purposes via appointment reminders. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services/benefits offered under MadCity Psychology.

10.) Reproductive Health Care Privacy Protections.

We will not use or disclose your Protected Health Information (PHI) for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing liability on, any person for the lawful provision, receipt, or facilitation of reproductive health care.

We will also not disclose PHI to identify any person for the purpose of investigating or imposing liability related to lawful reproductive health care.

If we receive a request for your PHI that may relate to reproductive health care (for example, a subpoena, court order, law enforcement request, or administrative inquiry), we may require the requestor to provide a written attestation stating that the request is not for a prohibited purpose before we will consider disclosing information.

These protections apply regardless of whether this practice directly provides reproductive health services.

V. SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

Confidentiality of Substance Use Disorder Records.

Certain records relating to the diagnosis, treatment, or referral for treatment of a substance use disorder are protected by federal law (42 CFR Part 2).

We will not disclose substance use disorder treatment records without your written consent except as permitted by federal law.

You may provide a single written consent allowing us to use and disclose your substance use disorder treatment records for purposes of treatment, payment, and health care operations. You may revoke this consent in writing at any time, except to the extent that action has already been taken in reliance on it.

Recipients of substance use disorder records may redisclose the information as permitted by HIPAA and other applicable laws, unless otherwise restricted by your written authorization or applicable regulations.

Violations of federal substance use disorder confidentiality laws may be reported to the U.S. Department of Health and Human Services. Violations may result in civil and criminal penalties.

VI. OPPORTUNITY TO OBJECT:

1. Certain uses and disclosures require you to have the opportunity to object. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your behavioral health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VII. YOUR PHI RIGHTS:

1.) The right to request limits on uses and disclosures of your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, except as described below regarding services paid out-of-pocket in full. If we do agree to your request, we will comply with it unless the information is needed for emergency treatment.

2.) The right to request restrictions for out-of-pocket expenses paid for in full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3.) The right to see and obtain copies of your PHI and to choose how I send PHI to you. Outside of Psychotherapy Progress Notes, you have the right to obtain a hard copy of your health records and other information kept in regard to your care. We will provide you with a copy of your record upon written request. We agree to honor your request by providing said materials within 30 days of your written request. You have the right to inspect and obtain a copy of your PHI in paper or electronic form. We will respond to your request within 30 days of receiving it. If we are unable to respond within 30 days, we may extend the time by an additional 30 days and will provide written notice explaining the reason for the delay. If you request an electronic copy of your records, we will provide it in the electronic form and format you request if readily producible, or in a mutually agreed-upon format. We may charge a reasonable, cost-based fee for copies.

4.) The right to obtain a record of disclosures we have made pertaining to you. You have the right to request an accounting of certain disclosures of your PHI. This does not include disclosures made for treatment, payment, health care operations, or disclosures made with your authorization. We will provide you with a copy of your record upon written request. We agree to honor your request by providing said materials within 30 days of your written request.

5.) The right to correct or update your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request our correction to the existing information or add the missing information. We are permitted to deny said request, of which the reasoning of such denial will be provided to you, in writing, within 60 days of receiving your written request.

6.) The right to get a hard copy and/or electronic copy of this notice. You have the right to get a hard copy and/or electronic copy of which can be picked up at either clinic location, sent via email, or TherapyAppointment.

7.) The right to request confidential communications. You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you may ask that we contact you only at a specific phone number, mailing address, or email, or that we not leave messages at a particular number. We will accommodate all reasonable requests. You do not need to give a reason for your request, but you do need to specify how or where you wish to be contacted. Please note that we have a separate form for selecting your preferred mode(s) of electronic communication — completing that form satisfies this right for electronic contact preferences.

FILING A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer
MadCity Psychology
429 Gammon Place Suite 200, Madison WI 53719
Alison Manley, MS, LPC, SUDS, CEDS
Clinical phone: 608-620-1234
email: ali@madcitypsych.com
fax: 608-821-0938

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). You will not be penalized or retaliated against for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your PHI.

**By signing below, I acknowledge that I have received a copy of MadCity Psychology's Notice of Privacy Practices.

◯ I acknowledge I have received, reviewed, understand, and agree to the Privacy Practices

Client Legal Name - First, Last

Today's date

New Signature Field